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More than fifteen years ago, I chaired a committee on environmental sensitivities established by Ontario's Ministry of Health. The committee included two eminent teaching hospital physicians and a highly respected epidemiologist. We issued a report that identified existing, publicly funded means of diagnosis, and accepted various methods of patient management, including avoidance of offending agents.

Equally important in our minds were measures, such as income support, that would provide concrete assistance to members of this vulnerable group and reduce the risk of preventable harm. To this end, we recommended that financial and social support services be awarded on the basis of the extent of a patient's disability, rather than on the basis of a particular diagnosis. This would reduce the risk of depriving patients of support simply because medical professionals might be unable to differentiate between the myriad possible causes. We also called for further research and the development of services to support that research, while also helping those who were experiencing a wide range of very difficult symptoms. We did not feel that more research was needed before these and other measures were introduced to protect patients from being caused harm through inappropriate labelling or the denial of reasonable accommodation.

In the years immediately following the report, several positive steps were taken in response to the recommendations. Public support systems became more accepting of these individuals' needs. At the federal level, departments and agencies began addressing unhelpful attitudes about this disability, not only within the departments and agencies themselves, but also within doctors' offices, medical associations and the broader community. Health Canada organized conferences, distributed documents and publicly supported recommendations to protect patients from unnecessary harm. The Department of Justice and Canada Mortgage and Housing Corporation funded self-help groups to support citizens with environmental sensitivities.

Regrettably, over the past few years, that initial momentum has been largely lost, and many of the earlier recommendations seem to have been forgotten. An ongoing, legitimate but separate debate about medical approaches is again obscuring protection issues and returning us to the situation that prevailed when the report was written.

Thus, it was with pleasure that I read this workplace guide, *Accommodating Employees with Environmental Sensitivities*. Its authors have worked hard to provide concrete advice on how a workplace might accommodate employees with this disability. While not all suggestions will be applicable to every workplace, much that is proposed here can and should be done to create a more

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accommodating work environment, keeping in mind recent developments in human rights jurisprudence. Employers are now required to organize their workplaces so that discriminatory barriers do not exist. I think that the suggestions in this Guide for accommodating environmentally sensitive employees will help employers eliminate barriers in the workplace, up to the point of undue hardship. I am particularly impressed with the proposals in the Guide for approaches that make employees partners in the development and implementation of an action plan to deal with this issue in the workplace.

I congratulate those whose hard work produced the Guide and I encourage employers and employees to take advantage of this readable and practical publication.

A handwritten signature in black ink, appearing to read 'G. Thomson', with a stylized, flowing script.

George M. Thomson, B.A., LL.B., LL.M.